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Application or Docket Number

Substitute for Form PTO-875

Application or Docket Number
101083533

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(l))	39 minus 20 =	19
INDEPENDENT CLAIMS (37 CFR 1.16(h))	4 minus 3 =	1
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(g))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

10-14-05

10-14-05 (Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	ROE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESERVE EXTRA
	Total (37 CFR 1.16(j))	38	Minus	40	=
	Independent (37 CFR 1.16(h))	5	Minus	5	=
	Application Size Fee (37 CFR 1.16(s))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. (37 CFR 1.16(j))					

SMALL ENTITY	
RATE (\$)	FEE (\$)
X =	
X =	
TOTAL	

OR

OTHER THAN
SMALL ENTITY

RATE (\$)	FEE (\$)
	740
x 18 =	342
x 84 =	84
1250	
1280	
TOTAL	1166

SMALL ENTITY

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADD'L FEE		

OR

OTHER THAN
SMALL ENTITY

RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	
x 900 =	
7360	
TOTAL ADD'L FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(f))	*	Minus	**		=
Independent (37 CFR 1.16(h))	*	Minus	***		=
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(g))					

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
TOTAL ADD'L FEE	

OR

RATE (\$)	ADDITIONAL FEE (\$)
-----------	---------------------

X	=	
X	=	
TOTAL ADD'L FEE		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" IN THIS SPACE is:

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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10 / 083537

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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47	48
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57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

OTHER THAN SMALL ENTITY	
RATE (\$)	FEE (\$)
x 18 =	342
x 84 =	84
+2511	
+2880	
TOTAL	11662

TOTAL

10-14-05

OTHER THAN SMALL ENTITY		
RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADDITIONAL FEE		

TOTAL	
ADD'L FEE	

	RATE (\$)	ADDITIONAL FEE (\$)
OR	X =	
OR	X =	
OR		
OR	TOTAL ADD'L FEE	

TOTAL
ADD'L FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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